

# Big Flats Summer T.A.F.F.Y.



Big Flats Youth Services  
PO Box 386  
Big Flats, NY 14814  
(607) 562-8443 ext.307  
[www.bigflatsny.gov](http://www.bigflatsny.gov)

## Information Sheet

Park Site: \_\_\_\_\_ Date: \_\_\_\_\_

### Participant Information: (one form per child)

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

Mailing Address: \_\_\_\_\_  
(with zip code) \_\_\_\_\_

### Parent/Guardian Information:

Name \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Name \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

### Emergency Contact Information:

(Please list someone (other than the parent/guardian) capable of picking your child up at the park in the event of an emergency.)

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

### Medical Information:

Name of Child's Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please list any allergies, special physical conditions, medications, or restrictions for your child and/or any information that would help the park leaders better understand your child while at the park under their supervision from 9:00AM to 2:45PM Monday through Friday. Please use the back of this form if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Additional Information:

I give my permission to photograph my child during the program activities, for newspaper, television releases, and educational publications. YES \_\_\_\_\_ NO \_\_\_\_\_ (please initial one)

Parent/Guardian Signature: \_\_\_\_\_

### **Park Sites:**

- ◆ Big Flats Elementary School
- ◆ Community Park
- ◆ Hillview Park
- ◆ Maple Shade Park
- ◆ Pine Circle Park
- ◆ Reynolds Park

**RETURN IN PERSON OR MAIL INFORMATION TO:**

**BIG FLATS COMMUNITY CENTER**

**YOUTH SERVICES**

**476 Maple Street, Big Flats, NY 14814**

**(not until June 1<sup>st</sup> please)**